

RECEIVED
CENTRAL FAX CENTER

Novak Druce LLP From: Tracy Druce

DEC 06 2004

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 07589.0124.PCUS00
In re Application of HAKANSSON		
Application Number 10/604,420		Filed 07/18/2003
For APPARATUS FOR CONTROLLING A LUBRICATION FLUID LEVEL		
Group Art Unit 3747	Examiner KAMEN	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | |
| <input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1437</u> . | |

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

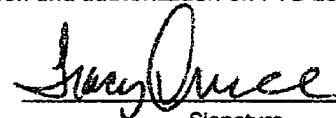
- | |
|---|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record. |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). |

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

12/06/2004

Date



Signature

Tracy W. Druce

Typed or printed name

12/07/2004 BB00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

Estimated Time Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CJ

10604420

430.00 01

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 818)

Complete if Known	
Application Number	10/604,420
Filing Date	07/18/2003
First Named Inventor	HAKANSSON
Examiner Name	KAMEN
Group / Art Unit	3747
Attorney Docket No.	07589.0124.PCUS00

Attorney Docket No. 07589.0124.PCUS00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number

141437

Deposit Account Name

NOVAK DRUCE LLP

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	-	**	=	0	X		=	0	Extra Claims	Fee from below	Fee Paid
Independent Claims	4	-3	**	=	1	X	88	=	88		
Multiple Dependent	1					X	300	=	300		

Large Entity

Fee (\$)

Fee (\$)